Score Card for Parenting Map								USAID FROM THE AMERICAN PEOPLE		
Date:										
Caregiver Name								(Firs	t, Middle, Last)	
Caregiver ID										
Child No.	1	2	3	4	5	6	7	8	9	
Name of Child (First, Mid, Last)										
Child Code Number										
Sex (M / F)										
DOB (DD-MMM-YYYY)										
Mother Alive? (Y / N)										
Father Alive? (Y / N)										
Relationship to Caregiver										
1. Went to health facility last 3 times needed?										
2. Has had diarrhea in last 2 weeks?										
3. Has had fever in last 2 weeks?										
4. Is fully immunized?										
5. Received HIV education (over 8 years old)?										
6. Received 4 meals last 2 days?										
7. Eaten foods from all 3 food groups in the last 2 days?										
8. Appears to be same height & weight as others same age?										
9. Does what other children same age do?										
10. Drinks clean water?										
11. Lives in safe conditions (strong walls and roof)?										
12. Sleeps under mosquito net?										
13. Sleeps in same type bed as others?										
14. Has 2 sets of clothes?										
15. Has 1 pair of shoes?										
16. Is enrolled in school?										
17. Was in school every day last week?										
18. Has school uniform/waiver & supplies?										
19. Able to read & write (over 7 years old)?										
20. Does well on exams?										
21. Has birth certificate or applied for one?										
22. Has succession plan (will or death certificate)?										
23. Is treated same as other children?										

24. Has unexplained bruises or injuries?

26. Cries for no reason or explanation?27. Obeys adults similar to other children?

28. Has a memory book?

25. Does same work in the house as other children?

29. Attends religious services (church or mosque)?30. Has one good friend or talks to you about problems?